

DOCKET NO. CS11241

## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICANT(S) Sheila M. Rader GROUP ART UNIT: 2187 FEB 18 2005  
APPLN. NO.: 10/008,939 EXAMINER: Kimberly N. McLean Mayo  
FILED: November 8, 2001  
TITLE: MOBILE WIRELESS COMMUNICATION DEVICE  
ARCHITECTURES AND METHODS THEREFOR

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile  
transmitted to the Patent and Trademark Office.

on 2/18/05Elaine Cox  
Signature

Printed Name of Person Signing Certificate

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated October 20, 2005, please enter the following  
amendments in the above-entitled application, without prejudice or disclaimer.

A one month extension is being filed concurrently with this Response.

If Applicant has overlooked any additional fees, or if any overpayment has been made,  
the Commissioner is hereby authorized to credit or debit Deposit Account 503079, Freescale  
Semiconductor, Inc.

03/04/2005 EILLIAM 00000005 503079 10008939  
Sale Ref: 00000005 DAH 503079 10008939  
01 FC:1251 120.00 DA  
02 FC:1201 800.00 DA  
03 FC:1202 100.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

10008939

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	90
X42=		OR	X84=	84
+140=		OR	+280=	
TOTAL		OR	TOTAL	910

**CLAIMS AS AMENDED - PART II**

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 38	Minus	** 25	= 13
	Independent	* 7	Minus	*** 4	= 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	234
X42=		OR	X84=	254
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	492

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 40	Minus	** 38	= 2
	Independent	* 11	Minus	*** 7	= 4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	100
X84=	800
+280=	
TOTAL ADDIT. FEE	900

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.